



July 18, 1994

Environmental Protection Agency
Region 7
WSTM/RCRA/Iowa
726 Minnesota Avenue
Kansas City, KS 66101

RECEIVED

JUL 22 1994

IOWA SECTION

Dear Sir:

Enclosed is Amana Refrigeration, Inc.'s revised 1993 Biennial Hazardous Waste Report.

The purpose of the revised forms is to clarify the wastestreams and processes for a system which was installed in 1993 to treat chrome-bearing rinse waters. One new GM was completed and changes were made to an existing GM and PS. Changes have been made in red ink.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Swanson".

Lawrence E. Swanson
Vice President-Operations

Enclosure



R00027652
RCRA Records Center

RECEIVED

OMB#: 2050-0024 Expires 8/31/96

JUL 22 1994

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

AMANA REFRIGERATION

Cynthia A. Baldwin

HWY 220

AMANA, IA 52204

IAD000610436

FORM
IC

1993 Hazardous Waste Report

IDENTIFICATION AND
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		B. County Iowa	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1991? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	H. Zip Code Same as label <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Sec. II Mailing address of site. Instruction page 10.A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III)
☐ 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc.	D. State <input type="checkbox"/> <input type="checkbox"/>	E. Zip Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. Steiff Robert A.	B. Title Supervisor Waste Treatment	C. Telephone 3 1 9 6 2 2 - 2 1 7 5 Extension 2 1 7 5
--	---	--

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I. Swanson Lawrence E.	B. Title Vice President-Operations (Amana)
C. Signature 	D. Date of signature 02 24 94 MO. DAY YR.

Sec.V - Generator Status

EPA ID NO. I A D 0 0 0 6 1 0 4 3 6

A. 1993 RCRA generator status

Instruction page 10.

(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG
☐ 3 CESQG
☐ 4 Non generator (Continue to Box B)
- SKIP to SEC. VI

B. Reason for not generating

Page 12.

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status

A. Storage subject to RCRA permitting requirements Page 13.

1

B. Treatment, disposal, or recycling subject to RCRA permitting requirements Page 13.

1

C. RCRA-exempt treatment, disposal, or recycling Page 13.

3

Sec.VII - Waste Minimization Activity during 1992 or 1993

A. Did this site begin or expand a source reduction activity during 1992 or 1993? Page 14.

- ☒ 1 Yes
☐ 2 No

B. Did this site begin or expand a recycling activity during 1992 or 1993? Page 15.

- ☒ 1 Yes
☐ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1992 or 1993? Page 15.

- ☒ 1 Yes
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1992 or 1993? Page 15 (CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|---------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1992 or 1993? Page 15. (CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|---------------------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments:

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AMANA REFRIGERATION

Cynthia A. Baldwin
HWY 220

AMANA, IA 52204

IAD000610436

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Flammable-spent solvent from Painting operation - mixture of Toluene and other solvents.					
B. EPA hazardous waste code Page 19. D 0 0 1 D 0 1 8 D 0 3 5 F 0 0 3 F 0 0 5			C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. 3 6 3 2	E. Origin code Page 19. System _____ Type LM _____	F. Source code Page 20. A 2 1	G. Point of measurement Page 20. 2	H. Form code Page 20. B 2 0 3	I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1992 Instruction Page 21. 1 3 8 7 7 1		B. Quantity generated in 1993 Page 21. 1 5 5 0 9 0		C. UOM Page 21. 1 _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22. LM _____		Quantity treated, disposed, or recycled on site in 1993 _____		ON-SITE PROCESS SYSTEM 2 On-site process system type Page 22. LM _____	
Quantity treated, disposed, or recycled on site in 1993 _____		Quantity treated, disposed, or recycled on site in 1993 _____		Quantity treated, disposed, or recycled on site in 1993 _____	

Sec. III A. Was any of this waste shipped off-site in 1993 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 23. <input type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. I N D 0 1 6 6 2 1 4 7 6	C. System type shipped to Page 23. M 1 4 1	D. Off-site availability code Page 23. 1	E. Total quantity shipped in 1993 Page 23. 1 5 9 8 4 4
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. N A	C. System type shipped to Page 23. M _____	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____

Sec. IV A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. LW _____ LW _____ LW _____ LW _____	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1993 source reduction quantity Page 26. _____	

Comments:

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Sec. I

A. Waste description - Instruction page 18.

Flammable-spent solvent from painting of plastic parts -
Methyl Ethyl Ketone Mixture

B. EPA hazardous waste code Page 19.

D 0 0 1 D 0 0 7
D 0 0 8 D 0 3 5 D 0 1 8

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 6 3 2

E. Origin code Page 19

System
Type L M

F. Source code Page 20.

A 2 1

G. Point of measurement
Page 20.

2

H. Form code
Page 20.

B 2 1 1

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1992
Instruction Page 21.

9 5 0 .

B. Quantity generated in 1993
Page 21.

0 .

C. UOM
Page 21.1 .
☐ 1 lbs/gal ☐ 2 sg

Density

D. Did this site do any of the following to this waste: treat on
site, dispose on site, recycle on site, or discharge to a
sewer/POTW? Page 21.☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

L M

Quantity treated, disposed, or recycled
on site in 1993

.

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

L M

Quantity treated, disposed, or recycled on site
in 1993

.

Sec. III

A. Was any of this waste shipped off-site in 1993
Instruction page 23.☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

I N D 0 1 6 6 2 1 4 7 6

C. System type shipped to
Page 23.

M 1 4 1

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1993
Page 23.

4 7 5 .

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

N A

C. System type shipped to
Page 23.

M

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1993
Page 23.

.

Sec. IV

A. Did new activities in 1993 result in minimization of this waste? ☒ 1 Yes (CONTINUE TO SYSTEM 1)
Instruction page 24. ☐ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W 4 2 W 8 2
W 8 9 W N A

C. Other effects Page 24.

☐ 1 Yes
☒ 2 NoD. Quantity recycled in 1993 due to new activities
Page 25.

N A

E. Activity/production
index Page 25.

N A

F. 1993 source reduction quantity Page 26.

9 5 0 . 0

Comments:

Reference Sec. I, Box B, F003, F005

Reference Sec. IV, Box B, Parts are being painted by a vendor.

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PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.
Flammable-spent solvent & Methylene Chloride from cleaning of urethane foaming equipment

B. EPA hazardous waste code Page 19.

D 0 0 1 F 0 0 2
 NA NA NA

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 6 3 2

E. Origin code Page 19

System
Type LM

F. Source code Page 20.

A 5 6

G. Point of measurement
Page 20.

I

H. Form code
Page 20.

B 2 0 4

I. RCRA - radioactive mixed Page 20.

2

Sec. II A. Quantity generated in 1992 Instruction Page 21.

0

B. Quantity generated in 1993
Page 21.

1 9 5 0

C. UOM
Page 21.

1

Density

□ 1 lbs/gal □ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled
on site in 1993

0

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1993

0

Sec. III A. Was any of this waste shipped off-site in 1993 ☒ 1 Yes (CONTINUE TO BOX B)
 Instruction page 23. ☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

I N D 0 1 6 6 2 1 4 7 6

C. System type shipped to
Page 23.

M 1 4 1

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1993
Page 23.

1 9 5 0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

N A

C. System type shipped to
Page 23.

LM

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1993
Page 23.

0

Sec. IV A. Did new activities in 1993 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO SYSTEM 1)
 Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W W
 W W

C. Other effects Page 24.

☐ 1 Yes
☐ 2 No
D. Quantity recycled in 1993 due to new activities
Page 25.

0

E. Activity/production
index Page 25.

0

F. 1993 source reduction quantity Page 28.

0

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Sec. I

A. Waste description - Instruction page 18.

Combustible-spent solvent from cleaning or parts, Petroleum Naphtha

B. EPA hazardous waste code Page 19.

D 0 0 1 D 0 1 8

D 0 3 9

N A

N A

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 6 3 2

E. Origin code Page 19

System
Type L M

F. Source code Page 20.

A 0 4

G. Point of measurement
Page 20.

2

H. Form code
Page 20.

B 2 1 1

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1992
Instruction Page 21.

1 3 8 0

B. Quantity generated in 1993
Page 21.

2 1 5 5

C. UOM
Page 21.

1

Density

1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

L M

Quantity treated, disposed, or recycled
on site in 1993

1 3 8 0

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

L M

Quantity treated, disposed, or recycled on site
in 1993

2 1 5 5

Sec. III

A. Was any of this waste shipped off-site in 1993
Instruction page 23. ☒ 1 Yes (CONTINUE TO BOX B)
☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

I A D 0 2 2 3 6 5 4 8 0

C. System type shipped to
Page 23.

L M 0 2 4

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1993
Page 23.

2 1 5 5

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

N A

C. System type shipped to
Page 23.

L M

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1993
Page 23.

2 1 5 5

Sec. IV

A. Did new activities in 1993 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO SYSTEM 1)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

L W

L W

C. Other effects Page 24.

☐ 1 Yes☐ 2 NoD. Quantity recycled in 1993 due to new activities
Page 25.

1 3 8 0

E. Activity/production
index Page 25.

2 1 5 5

F. 1993 source reduction quantity Page 26.

2 1 5 5

Comments:

Reference Sec. III, C Vacuum Distillation

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Sec. I A. Waste description - Instruction page 18.
Solids from urethane foaming of refrigerators, Poison B, Toluene Diisocyanate solids

B. EPA hazardous waste code Page 19.

U 2 2 3 N A
N A N A N A

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 6 3 2

E. Origin code [2] Page 19

System
Type L M

F. Source code Page 20.

A 5 6

G. Point of measurement
Page 20.

2

H. Form code
Page 20.

B 4 0 3

I. RCRA - radioactive mixed Page 20.

2

Sec. II A. Quantity generated in 1992
Instruction Page 21.

3 0 0

B. Quantity generated in 1993
Page 21.

1 0 0

C. UOM
Page 21.

1 lbs/gal 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

L M

Quantity treated, disposed, or recycled
on site in 1993

Quantity treated, disposed, or recycled on site in 1993

On-site process system type
Page 22.

L M

Quantity treated, disposed, or recycled on site
in 1993

Quantity treated, disposed, or recycled on site in 1993

Sec. III A. Was any of this waste shipped off-site in 1993 ☒ 1 Yes (CONTINUE TO BOX B)
Instruction page 23. ☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

I N D 0 1 6 6 2 1 4 7 6

C. System type shipped to
Page 23.

L M 1 4 1

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1993
Page 23.

1 0 0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

N A

C. System type shipped to
Page 23.

L M

D. Off-site
availability code
Page 23.E. Total quantity shipped in 1993
Page 23.

Sec. IV A. Did new activities in 1993 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO SYSTEM 1)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W W
W W

C. Other effects Page 24.

☐ 1 Yes
☐ 2 No

D. Quantity recycled in 1993 due to new activities
Page 25.

Quantity recycled in 1993 due to new activities

E. Activity/production
index Page 25.

Activity/production index

F. 1993 source reduction quantity Page 26.

1993 source reduction quantity

Comments:

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FORM
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INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. Sodium salts solid from paint stripping in the Paint Department, corrosive solid, mixture of paint pigments and sodium salts			
B. EPA hazardous waste code Page 19. <u>D 0 0 2</u> <u>N A</u> <u>N A</u> <u>N A</u> <u>N A</u>		C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. <u>3 6 3 2</u>	E. Origin code <u>1</u> Page 19 System Type <u>M</u>	F. Source code Page 20. <u>A 0 1</u>	G. Point of measurement Page 20. <u>I</u>	H. Form code Page 20. <u>B 3 1 5</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>

Sec. II		A. Quantity generated in 1992 Instruction Page 21. <u>9 2 7 0 8</u>		B. Quantity generated in 1993 Page 21. <u>1 2 4 5 0 9</u>		C. UOM Page 21. <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site process system type Page 22. <u>M 1 2 1</u>		Quantity treated, disposed, or recycled on site in 1993 <u>1 1 2 1 1 2</u>		On-site process system type Page 22. <u>M N A</u>		Quantity treated, disposed, or recycled on site in 1993 _____			

Sec. III		A. Was any of this waste shipped off-site in 1993 Instruction page 23. <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC IV)							
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____					
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____					

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? Instruction page 24. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)							
B. Activity Page 24. <u>L W</u> <u>L W</u> <u>L W</u> <u>L W</u>	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1993 source reduction quantity Page 26. _____					

Comments:

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Cynthia A. Baldwin
HWY 220

AMANA, IA 52204

IAD000610436

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. Ion exchange of well water for rinsing of parts prior to painting, corrosive liquid			
B. EPA hazardous waste code Page 19. D 0 0 2 N A N A N A N A		C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. 3 6 3 2	E. Origin code Page 19 System _____ Type L M _____	F. Source code Page 20. A 0 6	G. Point of measurement Page 20. 2	H. Form code Page 20. B 1 1 9	I. RCRA - radioactive mixed Page 20. 2

Sec. II		A. Quantity generated in 1992 Instruction Page 21. 7 8 5 4 0 0		B. Quantity generated in 1993 Page 21. 2 0 1 6 0 0		C. UOM Page 21. 5 8 3 5 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site process system type Page 22. M 1 2 1		Quantity treated, disposed, or recycled on site in 1993 2 0 1 6 0 0		On-site process system type Page 22. M N A		Quantity treated, disposed, or recycled on site in 1993 N A			

Sec. III				
A. Was any of this waste shipped off-site in 1993 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 23. <input checked="" type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. M _____	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. M _____	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____

Sec. IV				
A. Did new activities in 1993 result in minimization of this waste? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 24. L W 5 1 L W N A L W N A L W N A	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. N A	E. Activity/production index Page 25. 1 2	F. 1993 source reduction quantity Page 26. 7 0 0 5 6 0

Comments:

Reference Sec. 1, Box H, Spent Acid & Caustic Liquids from Ion Exchange Column

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AMANA REFRIGERATION

~~CINDY RASPILLER~~

HWY 220

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PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. <i>DI water rinse prior to paint, liquid containing chrome</i>		
B. EPA hazardous waste code Page 19. <i>D007 NA</i> <i>NA NA NA</i>		C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. <i>3632</i>	E. Origin code <i>1</i> Page 19 System _____ Type <i>LM</i> _____	F. Source code Page 20. <i>A29</i>	G. Point of measurement Page 20. <i>1</i>	H. Form code Page 20. <i>B119</i>
		I. RCRA - radioactive mixed Page 20. <i>2</i>		

Sec. II		A. Quantity generated in 1992 Instruction Page 21. <i>7162500</i>		B. Quantity generated in 1993 Page 21. <i>21595852</i>		C. UOM Page 21. <i>5</i> <i>8.34</i> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2					
On-site process system type Page 22. <i>LM 078</i>		Quantity treated, disposed, or recycled on site in 1993 <i>21595852</i>		On-site process system type Page 22. <i>LM NA</i>		Quantity treated, disposed, or recycled on site in 1993 _____			

Sec. III		A. Was any of this waste shipped off-site in 1993 Instruction page 23. <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC IV)	
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <i>LM</i> _____	D. Off-site availability code Page 23. _____
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <i>LM</i> _____	D. Off-site availability code Page 23. _____
		E. Total quantity shipped in 1993 Page 23. _____	

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)	
B. Activity Page 24. <i>W</i> _____ <i>W</i> _____ <i>W</i> _____ <i>W</i> _____	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _____	E. Activity/production index Page 25. _____
		F. 1993 source reduction quantity Page 26. _____	

Comments: *Reference Sec. I, Box F Rinsing of chromic acid off parts prior to painting*
Reference Sec. I, Box H Water → metals from rinsing of parts
Reference Sec II, System 1 Ion exchange

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AMANA, IA 52204

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.
DI chrome regenerate from ion exchange recycling system, corrosive liquid containing chrome

B. EPA hazardous waste code Page 19.

D 0 0 7	D 0 0 2	
N A	N A	N A

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 6 3 2

E. Origin code 1 Page 19System
Type LM

F. Source code Page 20.

A 2 9

G. Point of measurement
Page 20.

2

H. Form code
Page 20.

B 1 1 9

I. RCRA - radioactive mixed Page 20.

2

Sec. II A. Quantity generated in 1992
Instruction Page 21.

7 1 6 2 5 0 0

B. Quantity generated in 1993
Page 21.

1 0 7 0 4 3 5

C. UOM
Page 21.5 8.34
1 lbs/gal 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☒ 1 Yes (CONTINUE TO SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

LM 0 7 7

Quantity treated, disposed, or recycled
on site in 1993

1 0 7 0 4 3 5

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1993

Sec. III A. Was any of this waste shipped off-site in 1993 ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 23. ☒ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.C. System type shipped to
Page 23.

LM

D. Off-site
availability code
Page 23.E. Total quantity shipped in 1993
Page 23.

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.C. System type shipped to
Page 23.

LM

D. Off-site
availability code
Page 23.E. Total quantity shipped in 1993
Page 23.

Sec. IV A. Did new activities in 1993 result in minimization of this waste? ☒ 1 Yes (CONTINUE TO SYSTEM 1)
Instruction page 24. ☐ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

LW 0 1	LW 4 2
LW 5 1	LW N A

C. Other effects Page 24.

☐ 1 Yes
☒ 2 No
D. Quantity recycled in 1993 due to new activities
Page 25.

6 0 9 2 0 6 5

E. Activity/production
index Page 25.

1.2

F. 1993 source reduction quantity Page 26.

7 3 1 0 4 7 8

Comments:

Reference Sec. 1, Box F Chrome Rinse Prior to Painting

Reference Sec. 1, Box H Mixture of B103 & B106

Reference Sec. 1, Box A 1992 Chrome DI Recycling was not on line; all waste was treated at Waste Treatment.

15 20

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HWY 220

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U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.
Chrome seal prior to paint mixture of chrome & water, chrome containing liquid

B. EPA hazardous waste code Page 19.

D 0 0 7 N A
N A N A N A

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 6 3 2

E. Origin code Page 19

System
Type M _____

F. Source code Page 20.

A 2 9

G. Point of measurement
Page 20.

2

H. Form code
Page 20.

B 1 0 3

I. RCRA - radioactive mixed Page 20.

2

Sec. II A. Quantity generated in 1992 Instruction Page 21. B. Quantity generated in 1993 Page 21. C. UOM Density D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

8 1 9 0 0 • 8 3 7 2 0 •

5 8 • 3 4
☒ 1 lbs/gal ☐ 2 sg

☒ 1 Yes (CONTINUE TO SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

M 0 7 7

Quantity treated, disposed, or recycled
on site in 1993

8 3 7 2 0 •

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

N A

Quantity treated, disposed, or recycled on site
in 1993

Sec. III A. Was any of this waste shipped off-site in 1993 ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 23. ☒ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

C. System type shipped to
Page 23.

M _____

D. Off-site
availability code
Page 23.

E. Total quantity shipped in 1993
Page 23.

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

C. System type shipped to
Page 23.

M _____

D. Off-site
availability code
Page 23.

E. Total quantity shipped in 1993
Page 23.

Sec. IV A. Did new activities in 1993 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO SYSTEM 1)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

W W
W W

C. Other effects Page 24.

☐ 1 Yes
☐ 2 No

D. Quantity recycled in 1993 due to new activities
Page 25.

E. Activity/production
index Page 25.

F. 1993 source reduction quantity Page 28.

Comments:

Reference Sec. 1, Box F Chrome Seal Prior to Painting

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U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
PS

WASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description
Instruction Page 38.

Neutralization of Sodium Salts

B. System type
Page 38.

M 1 2 1

C. Regulatory status
Page 39.

0 2

D. Operational status
Page 39.

0 1

E. Unit types
Page 39.

0 1 N A

Sec. II

A. 1993 influent quantity
Instruction page 40.

Total 1 1 2 1 1 2 UOM 1
RCRA 1 1 2 1 1 2

Density
☐ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity
Page 41.

Total 2 0 2 6 6 4
RCRA

C. 1993 liquid effluent quantity
Instruction page 42.

Total 1 1 2 1 1 2 UOM 1
RCRA 0 0 0

Density
☐ 1 lbs/gal ☐ 2 sg

D. 1993 solid/sludge residual quantity
Page 42.

Total 3 0 3 2 UOM
RCRA 0 0 0

Density
☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity
Page 43.

1. 0 4 2. 0 5 3. 0 7

F. Commercial capacity availability code
Page 43.

1

G. Percent capacity commercially available
Page 43.

0 %

Comments:

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U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
PSWASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description
Instruction Page 38.

Neutralization of Ion Exchange Regenerations

B. System type
Page 38.

M 1 2 1

C. Regulatory status
Page 38.

0 2

D. Operational status
Page 38.

0 1

E. Unit types
Page 38.

0 1 N A

Sec. II

A. 1993 influent quantity
Instruction page 40.

Total 2 0 1 6 0 0 UOM 5

RCRA 2 0 1 6 0 0

Density 8.35

☒ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity
Page 41.

Total 9 8 7 0 0 0

RCRA 9 8 7 0 0 0

C. 1993 liquid effluent quantity
Instruction page 42.

Total 2 0 1 6 0 0 UOM 5

RCRA N A

Density 8.35

☒ 1 lbs/gal ☐ 2 sg

D. 1993 solid/sludge residual quantity
Page 42.

Total N A UOM Density

RCRA N A ☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity
Page 43.

1. 0 9 2. 0 4 3. 0 6

F. Commercial capacity availability code
Page 43.

1

G. Percent capacity commercially available
Page 43.

0 %

Comments:

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1993 Hazardous Waste Report

AMANA REFRIGERATION
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AMANA, IA 52204

FORM
PSWASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description

Instruction Page 38. Recycling of D007 with an ion exchange unit

B. System type
Page 38.

M 0 7 8

C. Regulatory status
Page 38.

0 2

D. Operational status
Page 38.

0 1

E. Unit types
Page 38.

0 1 N A

Sec. II

A. 1993 influent quantity
Instruction page 40.

Total 2 1 5 9 5 8 5 2 UOM 5
RCRA 2 1 5 9 5 8 5 2

Density 8 3 4
☒ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity
Page 41.

Total 2 5 3 8 0 0 0 0
RCRA 2 5 3 8 0 0 0 0

C. 1993 liquid effluent quantity
Instruction page 42.

Total 2 2 6 6 6 2 8 7 UOM 5
RCRA 1 0 7 0 4 3 5

Density 8 3 4
☒ 1 lbs/gal ☐ 2 sg

D. 1993 solid/sludge residual quantity
Page 42.

Total N A UOM Density
RCRA N A ☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity
Page 43.

1. 0 4 2. 0 5 3. 0 7

F. Commercial capacity availability code
Page 43.

1

G. Percent capacity commercially available
Page 43.

0 %

Comments:

Sec. I, Box B This is a chrome containing waste recycled through an Ion exchange unit.
Sec. II, Box D All effluents from this system are sent to a chemical precipitation unit. The quantity of solid / sludges will be reported on PS form Page 18 of 20..

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1993 Hazardous Waste Report

AMANA, IA 52204

FORM
PSWASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste treatment, disposal, or recycling system description
Instruction Page 38. Chemical Precipitation of Chrome Waste D007B. System type
Page 38.

M 0 7 7

C. Regulatory status
Page 39.

0 2

D. Operational status
Page 39.

0 1

E. Unit types
Page 39.

0 1 0 2

Sec. II A. 1993 influent quantity
Instruction page 40.Total 1 3 4 1 9 1 7 0 UOM 5
RCRA 1 1 5 4 1 1 5Density 8.34
☒ 1 lbs/gal ☐ 2 sgB. Maximum operational capacity
Page 41.Total 4 0 6 0 8 0 0 0
RCRA 5 2 6 7 5 3 4
3 6 5 4 7 2 0C. 1993 liquid effluent quantity
Instruction page 42.Total 1 3 4 1 9 1 7 0 UOM 5
RCRA 0 0Density 8.34
☒ 1 lbs/gal ☐ 2 sgD. 1993 solid/sludge residual quantity
Page 42.Total 3 0 3 UOM 2
RCRA 0 0 ☐ 1 lbs/gal ☐ 2 sgE. Limitation on maximum operational capacity
Page 43.

1. 0 4 2. 0 6 3. 0 5

F. Commercial capacity availability code
Page 43.

1

G. Percent capacity commercially available
Page 43.

0 %

Comments:

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PROTECTION AGENCY

1993 Hazardous Waste Report

AMANA REFRIGERATION
Cynthia A. Baldwin
HWY 220

AMANA, IA 52204

FORM
01OFF-SITE
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter I, N, D, 0, 1, 6, 6, 2, 1, 4, 7, 6	B. Name of off-site installation or transporter Ashland Chemical Co.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street 1817 W. Indiana Avenue City South Bend State I, N, Zip 4, 6, 6, 1, 3, -	
Site 2	A. EPA ID No. of off-site installation or transporter I, N, D, 9, 8, 0, 5, 9, 0, 9, 4, 7	B. Name of off-site installation or transporter Industrial Fuels & Resources
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street 604 S. Scott Street City South Bend State I, N, Zip 4, 6, 6, 2, 5, -	
Site 3	A. EPA ID No. of off-site installation or transporter T, X, D, 0, 5, 5, 1, 4, 1, 3, 7, 8	B. Name of off-site installation or transporter Rollins Environmental Services (TX) Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street 2027 Battleground Road City Deer Park State T, X, Zip 7, 7, 5, 3, 6, -	
Site 4	A. EPA ID No. of off-site installation or transporter M, I, N, D, 0, 2, 2, 9, 6, 9, 0, 2, 6	B. Name of off-site installation or transporter Dahlen Transport Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	
Site 5	A. EPA ID No. of off-site installation or transporter L, A, D, 0, 1, 0, 3, 9, 5, 1, 2, 7	B. Name of off-site installation or transporter Rollins Environmental Services (LA) Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street 13351 Scenic Highway City Baton Rouge State L, A, Zip 7, 0, 8, 0, 7, -	

Comments:

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1993 Hazardous Waste Report

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HWY 220

AMANA, IA 52204

FORM
01OFF-SITE
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter I A D 0 2 2 3 6 5 4 8 0	B. Name of off-site installation or transporter Northland Products Company	D. Address of generator Street 1000 Rainbow Drive City Waterloo State I A Zip 5 0 7 0 4 -
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR			
Site 2	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	D. Address of generator Street City State Zip
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR			
Site 3	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	D. Address of generator Street City State Zip
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR			
Site 4	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	D. Address of generator Street City State Zip
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR			
Site 5	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	D. Address of generator Street City State Zip
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR			

Comments: